FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P93000066857	(2)
BITS COMPUTER,	INC.	



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Principal Place of Business Mailing Address						i sadindar end thind errir di	iki Ba ili Ca ili Ca	*** ****)		
1175 W. NEW HAVEN AVENUE		1175 W	1175 W. NEW HAVEN AVENUE								
WEST MELBOURNE FL 32904			WEST MELBOURNE FL 32904								
							3. Date Incorporated or Qual	fied 3a. D	ate of Last		
				,, ,			09/20/1993	L	04/20/	 	
2. Principal Pla	ace of Business	2a. Mailing	Address				4. FET Number			Applied For	
21		26			. <u>-</u>		59-3203714			Not Applicable	
Suite, Apt. i	#, etc.	Suite, 7	Apt. #, etc.				5. Certificate of Status Desire	d 🔲		5 Additional Required	
City & State)		Oty & Stale				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			led to Fees	
Zip	Country	Zip		Coun	t y		8. This corporation has labilit	y for intangible	e tax under	s 199.032,	
24	25 29		30				Florida Statutes Yes 🔀 No				
	g. Name and Address of Curr	ent Registered A	gent				Name and Address of N	ew Register	ed Agent		
				1	31 Nan	ю					
CHEN, JUNG-LIN 1175 W. NEW HAVEN AVENUE			1	32 Stre	et Address	t Address (P.O. Box Number is Not Acceptable)					
					33						
MESI	MELBOURNE FL 32904									· · · · · · · · · · · · · · · · · · ·	
				•	34 City			F	85	Zip Code	
11 Pursuant t	to the provisions of Sections 607.05	02 and 607 1508	Floricia Statutes	the abov	. ⊥ ∈:named	Leórgoralia	in submits this statement for the			s registered office	
or register	ed agent, or both, in the State of Fig th, and accept the obligations of, Se	rida. Such change	e was authorize:	d by the co	poration	n's board o	f directors, I hereby accept the	e appointment	as reg ster	ed agent. Lam	
	m, and accept the obligations or, se	CHOT 607.0505, I	ionaa Statutes.								
SIGNATURE _	Signature, typed or printed name of registerest ag	e transitté, mappinatée	ITCM	Fift gotored A	çent sığı iafı.	re equiso sh	er renstativų	DATE	t		
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PTD]] DELETE	1 1 T IF	L·				☐ Changi	Addition	
NAME	CHEN, JUNG-LIN			1.2 NAI	4						
STREET ADDRESS	1175 W. NEW HAVEN AV	ENUE		1.3 S1F	eer adores	38					
CITY - ST - ZIF	WEST MELBOURNE FL 32	2904		14 OT	(ST-ZIP					MARIE 1711	
TITLE	VSD	Ţ	DELETE	2 1 ไม้	t.				Change	a 🔲 Addition	
NAME	CHEN, SHU-CHING			2.2 NAI	A.						
STREET ADDRESS	1175 W. NEW HAVEN AV	ENUE		2 3 STF	EET ADDRES	SS					
CITY-ST-ZIP	WEST MELBOURNE FL 33			2.4.0(1	Y S1-ZIP					·	
THLE			DELFTE	3 1 1 1	L:				☐ Change	e 🔲 Addition	
NAME				3 2 NAI	A						
STREET ADDRESS	}			3 3 ST	R ET ADDRE	SS					
CITY-ST-ZIP					ST - ZIF						
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NAME				4.2 NA	.•						
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CITY+ST-ZIP					ST-ZIP	\perp					
TITLE		[Derete	5 1 TI					☐ Chang	e 🔲 Addition	
NAME	1			5.2 NA							
STREET ADDRESS				5 3 STF	ET ADDRE	SS					
CITY-ST-2IP					ST-ZP						
TITLE		{	DELETE	6 1 Til					Chang	e 🔲 Addition	
NAME	[6.2 NA							
STREET ADDRESS				63.511	RELADORE	ss					

6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dies not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND FREE DRAWLED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)